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PTO/SB/52 (08-99)
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REISSUE APPLICATION DECLARATION BY THE ASSIGNEE		Docket Number (optional) P 1326 REI
I hereby declare that: My residence and post office address and citizenship are stated below next to my name. I am authorized to act on behalf of the following assignee: <u>Advanced Innoventions, Inc.</u> and the title of my position with said assignee is: <u>President & Treasurer</u> The entire title to the patent identified below is vested in said assignee.		
Name of Patentee(s): <u>Thomas E. Loftus</u>		
Patent Number <u>5,845,474</u>	Date of Patent Issued <u>December 8, 1998</u>	RECEIVED DEC 27 2000 TO 3600 MAIL ROOM
Title of Invention <u>Retrofit Chain Sickle Cutter</u>		
I believe said patentee(s) to be the original, first and sole/joint inventor(s) of the subject matter which is described and claimed in said patent, for which a reissue patent is sought on the invention entitled _____ <u>Retrofit Chain Sickle Cutter</u> the specification of which <input checked="" type="checkbox"/> is attached hereto. <input type="checkbox"/> was filed on _____ as reissue application number _____ / _____ and was amended on _____ (If applicable) I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56. I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.) <input type="checkbox"/> by reason of a defective specification or drawing. <input checked="" type="checkbox"/> by reason of the patentee claiming more or less than he had the right to claim in the patent. <input type="checkbox"/> by reason of other errors. At least one error upon which reissue is based is described as follows: <u>Patentee claimed more or less than he had the right to claim in the patent by including, inter alia, a knife member that requires the knife member to have a substantially triangular portion with two sharp cutting edges.</u> [Attach additional sheets, if needed.] All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant.		

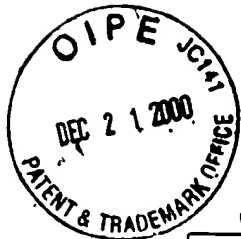
[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.5 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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(REISSUE APPLICATION DECLARATION BY THE ASSIGNEE, page 2)		Docket Number (Optional) P 1326 REI	
I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.			
Name(s) Richard W. Young		Registration Number 30,706	
Brian C. Rupp		35,665	
Michael M. Geoffrey		41,775	
Lynne D. Anderson		P46,412	
Correspondence Address: Direct all communications about the application to:			
<input type="checkbox"/> Customer Number		<div style="border: 1px solid black; width: 150px; height: 30px; margin: 0 auto;"></div> <div style="text-align: center; margin-top: 5px;">Type Customer Number Here</div>	
OR		<div style="border: 1px solid black; padding: 5px; text-align: center;"> Place Customer Number Bar Code Label Here </div>	
<input type="checkbox"/> Firm or Individual Name	Brian C. Rupp		
Address	Gardner, Carton & Douglas		
Address	321 N. Clark Street, Suite 3300		
City	Chicago	State	IL
		Zip	60610
Country	USA		
Telephone	312-644-3000	Fax	312-644-3381
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.			
Full name of person signing (given name, family name)			
Signature <i>Thomas E. Feltz</i>		Date March 30, 2000	
Address of Assignee Advanced Innoventions, Inc. - 224 County Road, O-East, Ivesdale, IL 61851			
Patentee		Citizenship	
Residence/Post Office Address			
Patentee		Citizenship	
Residence/Post Office Address			

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REISSUE APPLICATION BY THE ASSIGNEE, OFFER TO SURRENDER PATENT		Docket Number (Optional) P 1326 REI
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This is part of the application for a reissue patent based on the original patent identified below.		
Name of Patentee(s): Loftus		
Patent Number 5,845,474	Date Patent Issued December 8, 1998	
Title of Invention Retrofit Chain Sickle Cutter		
Advanced Innoventions, Inc. _____ is the assignee of the entire interest in the original patent. I offer to surrender the original patent. <input checked="" type="checkbox"/> A certificate under 37 CFR 3.73(b) is attached. I am authorized to act on behalf of the assignee.		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application, any patent issued thereon, or any patent to which this declaration is directed.		
Name of assignee Advanced Innoventions, Inc.		
Signature of person signing for assignee <i>Thomas E. Loftus</i>	Date March 30, 2000	
Typed or printed name and title of person signing for assignee Thomas E. Loftus, President & Treasurer		